



PROGRAM BOOK

ANZAHPE-AMEA 2015 CONFERENCE



Australian & New Zealand Association for Health Professional Educators
Newcastle City Hall, Newcastle, 29 March – 31 March, 2015
Stakeholder Engagement in Health Professional Education



Asian Medical Education Association Conference
Newcastle City Hall, Newcastle, 30 March – 1 April, 2015
New Directions in Patient-Centred Medical Education

SPONSORS & EXHIBITORS

The Organising Committee for the ANZAHPE/AMEA 2015 Conference extends its appreciation to the following sponsors and exhibitors for their invaluable commitment and support:

PLATINUM SPONSORS

Sponsor: Central Coast Local Health District



Stand: 13 **Website:** www.health.nsw.gov.au

Central Coast Local Health District is located approximately 110 kilometres north of Sydney and 130 kilometres south of Newcastle on the Central Coast of NSW. It covers an area of approximately 1680 square kilometres.

The Central Coast region is a popular retirement area, with approximately 6% of the NSW aged population. There is also a big growth in young families in the north of the District. Approximately 330,000 residents live in the area.

The District is overseen by a Board with the Chief Executive responsible for delivery of services. The District consists of four hospitals along with Mental Health and community based services. The hospitals have more than 800 beds for acute and sub-acute patients. Gosford and Wyong hold teaching hospital status and provide placement for students from a majority of clinical streams.

The Teaching and Research Unit, based at Gosford Hospital, represents a collaborative venture with the Faculty of Health & Medicine at the University of Newcastle. More than 200 students are on clinical placement on the Central Coast at any given time and receive their education not only on the wards and in the community, but also through the education and simulation facilities the District provides.

Sponsor: Flinders University



Stand: 6 **Website:** www.flinders.edu.au

MASTER OF CLINICAL EDUCATION (GRADUATE CERTIFICATE, GRADUATE DIPLOMA AND MASTERS BY RESEARCH)

This articulated suite of courses aims to provide health professionals with advanced knowledge and skills to deliver quality education in health service settings.

Clinical Education is characterised by a symbiotic relationship between the learner, an experienced clinical educator and the health service.

The topics are totally online so if you are juggling a busy life you can work at your own pace.

There are some optional workshops for some of the topics as some clinicians like to learn in person and share ideas with others face to face.

You may wish to undertake one of our courses for various reasons:

- Your college may have introduced a stipulation that you also engage in assessable scholarly activities
- You wish to further your career in health professional education
- You may be a new educator or supervisor who wishes to ensure you have the skills required
- You may be an experienced educator who wishes to cement your skills

Sponsor: Health Education and Training Institute



Stand: 1 **Website:** www.heti.nsw.gov.au

The Health Education and Training Institute (HETI) is at the core of advancing the workforce capability of NSW Health, to improve the health of NSW and the working lives of staff through education and training. HETI supports the professional development of clinical and non-clinical staff, trainers, educators and supervisors across the state.

To achieve this, HETI works collaboratively with Local Health Districts and Specialty Networks (LHDNs) using the District HETI model to ensure localised training requirements are met.

HETI aims to deliver high-quality training resources and experiences that respond to the needs of the NSW Health workforce. It works across the full spectrum of clinical and non-clinical areas delivering discipline-specific and mandatory education and training. HETI also delivers programs in leadership, management, financial education, clinical supervision, simulation and more, as well as administering a range of scholarships and grants.

HETI is also engaged in improving health outcomes of rural and regional communities and Aboriginal and Torres Strait Islanders, with programs and scholarships to meet education and training needs in these areas. To find out more about HETI, go to www.heti.nsw.gov.au

Sponsor: Hunter New England Local Health District



Stand: 8 **Website:** www.hnehealth.nsw.gov.au

Working for Hunter New England Health

Hunter New England Health is committed to the ongoing building of an organisation that lives our values. Our values are integral to providing a skilled and competent workforce.

We encourage collaboration, openness and respect in the workplace to create a sense of empowerment for our people to use their knowledge, skills and experience to provide excellent patient care.

Hunter New England is the largest employer in the region, a diverse area about the size of England. This beautiful area has appealed to many professionals seeking a more relaxed lifestyle and to indulge a passion for the great outdoors, while still maintaining a fulfilling career.

HNE Health, is recognised as a leader and an innovator in the healthcare industry. This is supported by comprehensive education programs for all doctors. Our doctors participate in Junior Medical Officer Education programs during their first two years post-graduate, have the option to participate in the Hospital Skills Program or alternatively enter into vocational training across all medical specialties. International Medical Graduates actively seek employment with HNE Health to participate in our specialised education program or enrol in the Workplace Based Assessment Program – an alternative option to completing the Australian Medical Council's Part II Clinical exam.

HNE Health partners with two universities in the District - the University of Newcastle and the University of New England both of which have medical schools. The Hunter Medical Research Institute (HMRI) which is Australia's only regionally based internationally competitive health and medical research institute with over 300 researchers across 8 campuses complements the academic and clinical education programs.

Who wouldn't want to work for HNE Health?

Sponsor: University of New England

Stand: 5 **Website:** www.une.edu.au

The University of New England enhances the health and wellbeing of rural and regional communities through the education of future and current health practitioners. Active participation in interdisciplinary research and engaging in cross-institutional collaborations enables the Schools of Health and Rural Medicine to develop sustainable research and teaching & learning partnerships within and across the health sector at local, regional, national and international levels.

Our teaching programs include Medicine, Anatomy, Nursing, Social Work, Ageing and Disability/Community Services, Counselling and Mental Health, Health Management, Health Practice and Clinical Education.

As part of the Joint Medical Program with the University of Newcastle and Hunter New England and Central Coast Local Health Districts, the newly built Tablelands Clinical School (TCS) has opened up a range of new education and training opportunities for students and health professionals within the region, and provides access to some of the most active simulation laboratories in the state and advanced telehealth capabilities. The purpose-built building on the grounds of Armidale Hospital also hosts the Centre for Excellence in Health Education - an interdisciplinary research and collaboration hub to develop and maintain relationships within and across the health sector.

We look forward to welcoming you to our UNE stand where you can learn more about our clinical teaching, range of research higher degrees and the opportunities for collaboration with our highly qualified academic staff and practitioners.



GOLD SPONSOR

Sponsor: Laerdal



Stand: 2 **Website:** www.laerdal.com

Laerdal Medical is a leading provider of training, educational and therapy products for lifesaving and emergency medical care, dedicated to helping save lives. Our vision is that no one should die or be disabled unnecessarily during birth or from sudden illness or trauma.

Laerdal's portfolio of medical simulation products, CPR training manikins and emergency therapeutic products are used by enterprises around the world, including voluntary organisations, educational institutions, hospitals and the military. Well-known products include: Resusci Anne, SimMan, NeoNatalie and CPRmeter.

CONFERENCE SUPPORTER



EXHIBITORS

AMEA

Stand: T1 **Website:** www.med.hku.hk/amea

The Asian Medical Education Association (AMEA) is an institution-based association of Asian medical schools. AMEA shall strive to embrace more member institutions and promote inter-school and multidisciplinary collaborations. It will also take a proactive role to raise its prominent profile as a leading association of medical education around the World.

ANZAHPE

Stand: 7 **Website:** www.anzahpe.org

The Australian and New Zealand Association for Health Professional Educators (ANZAHPE) is the peak professional body for all those involved in health professional education – educators and students. It aims to promote, support and advance education in the health professions, and to facilitate communication between educators.

BEST Network

Stand: 12 **Website:** www.best.edu.au

The BEST Network is a community of biomedical educators. Our shared vision is to create and share dynamic online learning experiences, supported by leading-edge tools and resources. Our network provides the financial, ethical and legal frameworks to offer these tools and resources to our colleagues and students everywhere. BEST.edu.au

Elsevier Australia

Stand: 9 **Website:** www.elsevier.com

Elsevier is a leading provider of information solutions for educators and students, empowering them with resources and knowledge to make better decisions, and deliver better care. Elsevier provides online solutions, such as [ClinicalKey](#) and publishes a wide range of highly respected books and journals.

Excellence in Clinical Teaching (EXCITE) Program, The University of Melbourne

Stand: 15 **Website:** www.excite.mdhs.unimelb.edu.au

The University of Melbourne's EXCITE (Excellence in Clinical Teaching) program offers a Graduate Certificate, Graduate Diploma and Masters in Clinical Education. Attracting a vibrant mix of health professionals from all disciplines, the program is available in semester-long or intensive format and strikes a balance between scholarly engagement and practical application.

HealthPEER Monash University

Stand: 3 **Website:** www.med.monash.edu.au/education/healthpeer

The Health Professions Education and Educational Research (HealthPEER) team is based at the Faculty of Medicine, Nursing and Health Sciences, Monash University.

HealthPEER works with all health professions to offer:

- award courses for health professions education
- continuing professional development workshops
- research, development and innovation in health professions education
- teaching and research consultancies

PebblePad

Stand: 14 **Website:** www.pebblepad.com.au

Sick of large, cumbersome, paper-based clinical workbooks? PebblePad is revolutionising the management of clinical placements in healthcare though flexible, customisable, and portable online alternatives. And we do eportfolios too! Come and talk to us at Booth 14 to find out more. No technology – just real people.

Email: alison@pebblepad.com.au

The University of Western Australia

Stand: 4 **Website:** www.meddent.uwa.edu.au/healthedu

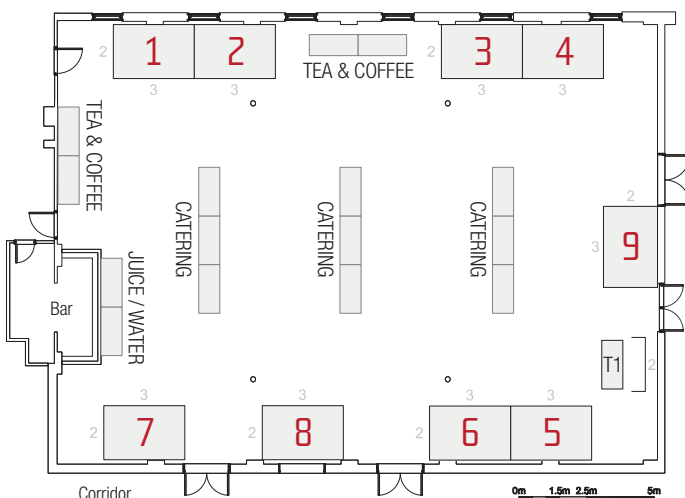
Do you have a background in health, medical or biological sciences and are interested in teaching, supervision and course development? The University of Western Australia offer outstanding opportunities for health professionals who want to develop and enhance their skills as educators within the health professions. Start your journey today and find out more about where our Postgraduate Courses in Health Professions Education can take you.

EXHIBITION

The Exhibition is located in both the Banquet Room (Ground Floor) and Cummings Room (Level One) within Newcastle City Hall. The Organising Committee extends an invitation to all delegates to visit the exhibition during their time at the Conference to meet the exhibition representatives in attendance and to view the products and services on display.

EXHIBITION FLOOR PLAN

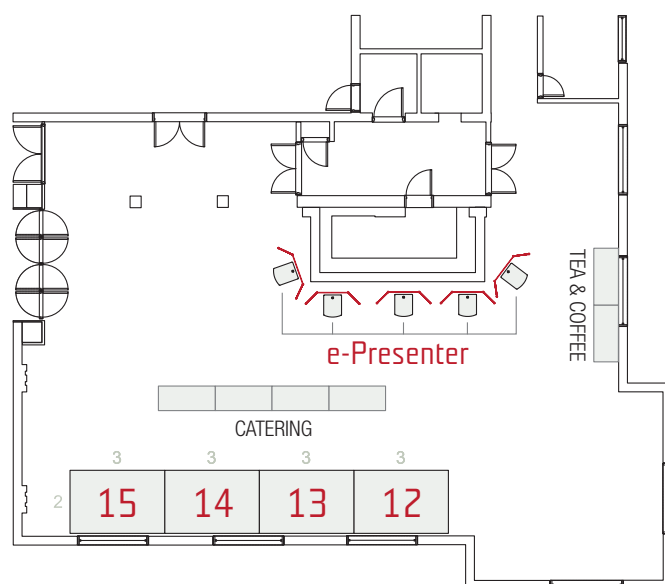
BANQUET ROOM



Exhibition operating hours:

Sunday 29 March 2015	1000 – 1530
Monday 30 March 2015	1000 – 1600
Tuesday 31 March 2015	0930 – 1530
Wednesday 1 April 2015	1000 – 1600

CUMMINGS ROOM



Welcome



On behalf of the Organising Committee, I welcome you to the combined conferences of the Australian & New Zealand Association for Health Professional Educators (ANZAHPE) and the Asian Medical Education Association (AMEA).

This unique coming together of delegates of both Conferences brings the opportunity for open discussion, networking and knowledge sharing throughout Australasia. We are also delighted that the Association for Medical Education in the Western Pacific Region will be meeting during our Conference and contributing to the scientific program.

Conference delegates will be learning from each other's expertise and experience across a wide range of topics addressing patient-centredness, stakeholder engagement and the latest innovations and developments in health professional education.

We are all looking forward to the inspiring presentations of our keynote speakers, and are pleased to have been able to include many interactive workshops and PeArLS in addition to the oral discussions and electronic posters.

The Conference planning has been a great team effort and we are grateful for the input of many including those in our Conference Scientific Committees and the Management Committees of both AMEA and ANZAHPE.

The University of Newcastle is very proud to be hosting this conference in its 50th Anniversary Year and we hope that you have some time to enjoy all that the Hunter Valley has to offer during your stay.

Welcome to Newcastle!

Graeme Horton

ABOUT THE ASIAN MEDICAL EDUCATION ASSOCIATION (AMEA)



**Asian
Medical
Education
Association**

The Asian Medical Education Association (AMEA) is an institution-based association of the Asian medical schools which was established in June 2001 with the Secretariat based in the Medical Faculty of The University of Hong Kong. The aims of the Association are:

- To identify and recognize that medicine is globalized, and enhance the characteristic features and strengths of Asian medical education;
- To share information and experience about medical education; and
- To strengthen and promote good pedagogy and research on medical education.

Education is the foundation from which research and medical service will blossom and thrive. AMEA shall strive to embrace more member institutions and promote inter-school and multidisciplinary collaborations. It will also take a proactive role to raise its prominent profile as a leading association of medical education around the World.

ANZAHPE 2015 Conference Scientific Committee:

- Prof Kichu Nair (Chair)
- Dr Dale Sheehan
- A/Prof Chris Kewley
- Prof Darren Rivett
- A/Prof Pippa Craig
- Prof Nicky Hudson
- Prof Tim Wilkinson
- Prof Rafat Hussain

ANZAHPE Committee of Management:

- Prof Gary Rogers (President)
- A/Prof Monica Moran
- Mr Anthony Ali
- Dr Julie Ash
- Ms Emma Bartle
- A/Prof Pippa Craig
- Dr Dale Sheehan
- Prof Carole Steketee
- Prof Amanda Henderson
- Prof Ben Canny
- Ms Allison Hempenstall
- Dr Sarah Hyde
- Ms Jill Romeo

AMEA 2015 Conference Scientific Committee:

- Prof Brian Jolly (Chair)
- Dr Aaron Libin
- Prof Li Fan
- Prof Wendy Hu
- Prof Jane Conway
- Prof Dimity Pond
- Dr Claire Aland
- A/Prof Tarun Sen Gupta
- Prof Jenny Weller
- Dr Karen De Souza
- A/Prof Neil Spratt
- Prof Jungyul Park
- Prof Weimin Wang
- Prof Lambert Schuwirth

AMEA Management Committee:

- Prof Grace Tang (Chairman)
- Prof Whan Eoh
- Prof Weiping Wang
- Dr Med. Tri Hanggono Achmad
- Prof Yonghai Gui
- Prof Yuanzhi Guan
- Dr Dujeepra Samarasekera
- Prof CS Lau
- Prof Victor Lim
- Prof Chia C. Pao
- Prof Anan Srikiatkachorn
- Prof Sumberzul Nyamjav

WELCOME FROM ANZAHPE



As President of the Australian and New Zealand Association for Health Professional Education (ANZAHPE) I would like to extend a warm welcome to ANZAHPE members, as well as other colleagues from across the region, who have travelled to the delightful city of Newcastle for this historic joint conference of ANZAHPE and the Asian Medical

Education Association (AMEA).

The Conference Organising Committee and the two Scientific Committees have assembled a diverse and compelling program of keynote addresses, oral sessions, workshops, posters and the famous ANZAHPE PeArLS that you are sure to find engaging and I hope will inspire you to innovations and scholarly developments in your own institutions in the year ahead.

ANZAHPE is delighted to have been able to work closely with AMEA on this joint Conference and we hope that this is the beginning of ongoing collaborations into the future.

AMEA is an organisation of respected institutions but ANZAHPE, in contrast, is an association of individual health professional educators. So, if you are not a member already, I would invite you to consider joining ANZAHPE, whether you live in Australasia or further afield in the Asia-Pacific region.

Over the next few days you will find that we are a friendly, informal and collegial bunch, who love learning from colleagues from different professions and different settings. I can assure you that you will be warmly welcomed into our fold and gain many opportunities to network and interact with others who share your passion for the education of health professionals. If you are interested in becoming a member, just drop by the ANZAHPE booth in the conference exhibition.

I hope you have a wonderful and invigorating time in Newcastle and look forward to the opportunity to meet you in person sometime during the event. Warmest regards

Professor Gary D. Rogers
President of ANZAHPE

WELCOME FROM AMEA



Dear Friends in Medical Education,
On behalf of the Management Committee of AMEA, I would like to extend a very warm welcome to you to this AMEA meeting held in conjunction with ANZAHPE.

Led by the University of Hong Kong Faculty of Medicine, AMEA was founded in 2001 in Hong Kong to enhance

the exchange of medical education curriculum reform in the Asian region. Membership unit is on a school basis for which we believe will allow continuity of medical education evolutionary work to take place effectively. AMEA has grown from its initial membership of about 50 to the current membership of over 150.

Much exchange on medical education pertinent to the Asian Region has taken place over the past 14 years of AMEA meetings. This year, AMEA has extended its connectivity with the Pacific Region by having its meeting held in Newcastle Australia. The Management Committee is certain that this move will bring about more work synergy in the field of medical education which is the foundation of the medical profession.

I wish you all a fruitful and a pleasant AMEA meeting!

Professor Grace Tang
Chairman, Management Committee of AMEA

ABOUT THE AUSTRALIAN & NEW ZEALAND ASSOCIATION FOR HEALTH PROFESSIONAL EDUCATORS (ANZAHPE)

ANZAHPE: Australian and New Zealand Association for Health Professional Educators:

- Aims to promote, support and advance education in the health professions.
- Aims to facilitate communication between education in the health profession.
- Is about undergraduate and postgraduate training and continuing education.
- Aims to recognise, facilitate and disseminate high quality educational research in health professions education.
- Offers seeding grants and awards to encourage educators, researchers and students.
- Is the focal point for health professions education in the western Pacific region.
- Publishes a peer-reviewed journal, Focus on Health Professional Education, and a news bulletin.
- Holds an annual Conference.
- Is managed by an elected Committee of Management.
- Is governed by Objects and Rules of association and a privacy statement.



ANZAHPE

**Australian & New Zealand
Association for Health
Professional Educators**

2015 ANNUAL GENERAL MEETING (ANZAHPE)

The 2015 AGM will be held on Monday 30 March, 2015 from 1230 – 1400 in the Concert Hall, Newcastle City Hall. For further information, please contact Jill Romeo at the ANZAHPE Office. Ph: 0478 313 123 or Email: executive@anzahpe.org

THE ANZAHPE ANNUAL AWARDS

ANZAHPE invites nominations for their awards, which are presented yearly at the annual conference. Please refer to the ANZAHPE website for the submission criteria, conditions of Awards and nomination procedures at www.anzahpe.org

ANZAHPE/AMEA 2015 INFORMATION

CONFERENCE DATES

Pre Conference Workshops: 28 March 2015

ANZAHPE: 29 – 31 March 2015

AMEA: 30 March – 1 April 2015

ORGANISING COMMITTEE

Dr Graeme Horton (*Conference Chair*)
Prof Brian Jolly (*AMEA Scientific Committee Chair*)
Prof Kichu Nair (*ANZAHPE Scientific Committee Chair*)
Dr Samantha Ashby
Prof Nicky Hudson

Prof Rafat Hussain
Mr Tim Hyde
Prof Brian Kelly
Prof Tracy Levett-Jones
Ms Brid Morahan
Dr Dale Sheehan
Prof Ian Symonds

CONFERENCE HOST

UNIVERSITY OF NEWCASTLE



CONFERENCE VENUES

Newcastle City Hall

290 King Street,
Newcastle, NSW 2300
Tel: +61 2 4974 2996

Crowne Plaza Hotel, Newcastle

Corner Merewether Street & Wharf Road,
Newcastle NSW 2300
Tel: +61 2 4907 5000

Newcastle University House

Corner Auckland Street & King Street, Newcastle

CONFERENCE MANAGERS

Arinex Pty Ltd, as Conference Managers, are pleased to welcome delegates to ANZAHPE/AMEA 2015. We are positive you will find this a most rewarding experience. If we can be of any assistance please see a staff person at the registration desk.

Level 10, 51 Druitt Street,
Sydney NSW 2000 AUSTRALIA

Tel: 61 2 9265 0700

Fax: 61 2 9267 5443

Email: anzahpeamea@arinex.com.au



REGISTRATION

The registration desk is located in the Concert Hall Foyer.

Registration desk operating hours:

Saturday 28 March 2015	0830 – 1700
Sunday 29 March 2015	0730 – 1630
Monday 30 March 2015	0730 – 1630
Tuesday 31 March 2015	0830 – 1700
Wednesday 1 April 2015	0830 – 1500

NAME BADGES

Each delegate registered for ANZAHPE/AMEA 2015 will receive a name badge at the registration desk. This badge will be your official pass and must be worn to obtain entry to all sessions, the exhibition and social functions.

GENERAL INFORMATION

SPEAKER PREPARATION ROOM

The Speaker Preparation Room is located in The Cloak Room, on the First Floor of Newcastle City Hall.

Speaker Preparation Operating Hours:

Saturday 28 March 2015	1500 – 1700
Sunday 29 March 2015	0730 – 1630
Monday 30 March 2015	0730 – 1630
Tuesday 31 March 2015	0830 – 1700
Wednesday 1 April 2015	0830 – 1330

Speakers are asked to visit the Speaker Preparation Room well in advance of their session to upload their presentations and make any final changes if required.

MESSAGES

All messages received during the Conference will be placed on the Message Board in the registration area. To collect or leave messages please visit the registration desk.

MOBILE PHONES

As a courtesy to fellow delegates and speakers, please ensure your mobile phones are switched off during Conference sessions.

CATERING

Morning and afternoon teas and lunches will be served within the exhibition in the Banquet Room, on the Ground Floor and the Cummins Room on Level One of Newcastle City Hall.

SPECIAL DIETARY REQUIREMENTS

If you have notified the Conference Organisers of any special dietary requirements please be advised that this information has been supplied to the Conference venue. It is requested that you make yourself known to the venue catering staff during meal breaks and social functions.

PRIVACY

Australia introduced the Privacy amendment (Private Sector) Act 2000 in 2001. The Conference Organisers comply with such legislation which is designed to protect the right of the individual to privacy of their information. Information collected in respect of proposed participation in any aspect of the Congress will be used for the purposes of planning and conduct of the Conference and may also be provided to the organising body or to the organisers of future ANZAHPE Conferences and AMEA Conferences. All those participants included in the delegate list, which has been provided to delegates, provided their permission upon registration.



INVITED SPEAKERS



PROFESSOR DAWN DE WITT

Proudly sponsored by Flinders University

Dawn De Witt is a Professor of Internal Medicine at UBC and a former Associate Dean at the University of British Columbia and the University of Melbourne, where she was the founding Chair of Rural Medical Education. An internationally recognized medical educator, she originated and co-authored the American College of Physicians' best selling "Teaching in the Office," now a series. Recently, she was made one of the ACP's few women "Masters." She has won numerous teaching awards, including innovation in medical education awards and continues to work in faculty development and medical school curriculum innovation.



PROFESSOR MICHAEL FIELD AM

Professor Field is an Emeritus Professor of the University of Sydney and the President of the Association for Medical Education in the Western Pacific Region. He is the former head of the Sydney Medical School – Northern and the former President of the Australian & New Zealand Society of Nephrology. He was previously a Director of the Australian Medical Council, and chair of the AMC's Medical School Accreditation Committee.



PROFESSOR RICK IEDEMA

Rick Iedema has a dual appointment as Research Manager at the Agency for Clinical Innovation (a Pillar of the NSW Ministry of Health) and as Professor in Healthcare Innovation at the University of Tasmania (Faculty of Health). He has Visiting Professorial appointments at Nottingham University and Queen Mary's University of London, and he is a Fellow of the Academy of Social Sciences of Australia. He has published widely in the areas of health services research and research methodology, including influential papers on clinical incident disclosure and handover communication, as well as on improving healthcare communication and quality and safety using innovative visual approaches.



PROFESSOR MICHAEL IWAMA

Michael Iwama is Department Chair and Professor of Occupational Therapy at Georgia Regents University in Georgia, USA. He is an innovative thinker and internationally known champion of culturally relevant occupational therapy, created the conceptual Kawa Model, which has been incorporated into occupational therapy curricula and clinical settings worldwide. He previously held academic appointments at the University of Toronto, Dalhousie University and the University of British Columbia in Canada and at Kibi International University in Japan, and holds honorary appointments in Australia, the United Kingdom and Malaysia. He is the author of numerous peer-reviewed journals as well as five books on rehabilitation sciences.



MS CHERYL KERNOT

Cheryl is the Director of the Graduate Certificate in Social Impact and Social Business Fellow at the Centre for Social Impact. Her role at CSI involves the direction and design of the national post-graduate education program and leadership of their teaching team. Cheryl is also the Centre's thought leader on social business, social enterprise and social procurement.

Cheryl has been elected Chair of the Fair Trade Association of Australia and NZ for the past four years. She served as an honorary board member of Foresters Community Finance for four years until 2011 and was on the founding committee of a UK charity that works to provide shelter and education for street children in Kampala, Uganda.



MRS DEBRA LAWSON

Debra is a Clinical Midwife Specialist at John Hunter Hospital, Newcastle. She has over 28 years experience as a midwife and currently works with vulnerable families. Debra is also the mother of 4 daughters and together with her husband Jason is able to give a unique perspective on the ups and downs of family life with a child with a chronic condition. Debra is able to give insights from both a professional and parent's point of view. Debra and Jason consider raising a child with a disability as a lifechanging event that can be challenging but also bring great rewards.



MS AVRIL LEE

Proudly sponsored by the University of New England

Avril Lee is a registered pharmacist, works as a Quality Improvement specialist – Pharmacy services, and holds a part time role as Interprofessional Education Developer within the Medical Education Training Unit, Waitemata District Health Board, New Zealand. She trained in the UK, worked in England and Wales, the USA and Australia before moving to New Zealand. She has extensive experience in quality improvement, patient and medication safety initiatives within primary and secondary care.

She sits on the Medication Safety Expert Advisory Group and is the Clinical lead for the Safe Use of Opioids National Collaborative, Health Quality and Safety Commission, NZ. Her research interests include developing pharmacists as interprofessional educators, and learning in the clinical workplace.



PROFESSOR LAMBERT SCHUWIRTH

Proudly sponsored by Hunter New England Local Health District

Professor Schuwirth graduated from Maastricht Medical School as an MD. He became involved in medical education and medical education research from 1990. His main interest is in assessment of medical competence and performance, both in undergraduate and postgraduate training settings. He has worked at Maastricht University for almost 20 years as assistant, associate and full professor in the department of educational development and research, before being appointed as Professor of Medical Education at Flinders University, Australia in August 2011.

DETAILED PROGRAM

AUSTRALIAN & NEW ZEALAND ASSOCIATION FOR HEALTH PROFESSIONAL EDUCATORS AND ASIAN MEDICAL EDUCATION ASSOCIATION CONFERENCE

SATURDAY 28 MARCH 2015 – WEDNESDAY 01 APRIL 2015, NEWCASTLE CITY HALL, AS AT 11 MARCH 2015

SATURDAY 28 MARCH 2015					
	Cummings Room (Level 1)	Lecture Theatre 1 (UH416 University House)	Lecture Theatre 2 (UH419 University House)	Lecture Theatre 3 (UH421 University House)	Lecture Theatre 4 (UH241 University House)
08:00					Workshop International Clinician Educator Summit "The International Clinical Educator Academy" <i>Includes Morning Tea 0800 – 0830 (Level 2 Foyer)</i>
09:00	Workshop Workplace-Based Assessment for Health Professionals Prof Kichu Nair, Prof Brian Jolly, Ms Kathy Ingham, Ms Leonie English <i>Includes Morning Tea 1030 – 1100 (Level 4 Foyer)</i>	Workshop Comprehensive Introduction to the Kawa (River) Model in Clinical and Educational Practice Contexts Prof Michael Iwama <i>Includes Morning Tea 1030 – 1100 (Level 4 Foyer)</i>	Workshop Publishing Qualitative Research Papers in Medical and Health Journals Victor Minichiello <i>Includes Morning Tea 1030 – 1100 (Level 4 Foyer)</i>	Workshop Underperforming Students on Clinical Placement: Supervision, Assessment and Maintaining Standards Dr Catherine Johnston, Clint Newstead, Dr Lesley MacDonald-Wicks <i>Includes Morning Tea 1030 – 1100 (Level 4 Foyer)</i>	
12:30	Lunch Break				Lunch Break <i>(Lunch provided for this Workshop only)</i>
13:30	Workshop Standard Setting for the OSCE Prof Judith (Nicky) Hudson, Prof Tim Wilkinson <i>Includes Afternoon Tea 1500 – 1530 (Level 4 Foyer)</i>	Workshop Engaging Teachers and Learners in the Patient Safety Agenda Ms Avril Lee, Dr Dale Sheehan, Dr Maggie Meeks <i>Includes Afternoon Tea 1500 – 1530 (Level 4 Foyer)</i>	Workshop Programmatic Assessment; What is it? How do you do it? When would you use it? Prof Lambert Schuwirth, Prof Brian Jolly <i>Includes Afternoon Tea 1500 – 1530 (Level 4 Foyer)</i>		Workshop International Clinician Educator Summit (cont.) "The International Clinical Educator Academy" <i>Includes Afternoon Tea 1530 – 1600 (Level 2 Foyer)</i>
17:00					



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UNIVERSITY OF MIAMI



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WEDNESDAY 01 APRIL 2015

	Concert Hall	Cummings Room (Level 1)	Mulubinba Room (Level 1)	Hunter Room (Level 2)	Lecture Theatre 2 (UH419 University House)
09:00	Safety & Quality / Accreditation & Standards Oral Presentations Chair: Chris Kewley	Experiential Learning / Patient as Expert Poster Presentations Chair: Robert Duvivier	Students as Partners / Patient as Expert Oral Presentations Chair: Linda Sweet	Competency-Based Education 90 Minute Workshop	Professional Development 90 Minute Workshop
09:00	392 : Promoting Collaboration And Institutionalization Of Continuous Quality Improvement Toward Establishment Of National Independent Accrediting Body Rachmad Bekti	88 : Patient Feeling Experience To Enhance Empathy Banjong Preungprasob	169 : The Fears I Have Erica Cameron-Taylor	24 : Cultural Competency For The Classroom And Practice Kyle Wilby	212 : Contemplative Practice For Health Practitioners: A Return To The Academy Craig Dalton
09:05		109 : Early Clinical Exposure Of Preclinic Medical Students Nikom Malitong			
09:10		424 : Team Based Learning As An Instructional Strategy In Pathology Khurshid Anwar			
09:15	213 : The Relationship Between Students' Psychological Scores And Their Academic Achievement At The Faculty Of Medicine, Andalas University Eryati Darwin	50 : Barriers And Enablers To Simulated Learning In Nurse Education: A Systematic Review Of The Literature. Amal Al-Ghareeb	15 : An Assessment Of The Stress Levels Of Students Entering Medical School In Indonesia Hardisman Dasman	24 : Cultural Competency For The Classroom And Practice Kyle Wilby	212 : Contemplative Practice For Health Practitioners: A Return To The Academy Craig Dalton
09:20		284 : Implementation Of Community-Based Education: Case Study In West Java Nita Arisanti			
09:25		411 : Impact Of Human Skills Training On Affective Learning And Empathy Among Pre Med Students Linda Humphreys			
09:30	417 : Economic Evaluation Of Work Place Based Assessment Of International Medical Graduates Andrew Searles	280 : Evaluation Of A Teaching Innovation: Using Stories And Critical Thinking Questions List (Ctq) To Teach Critical Thinking Umatul Khoiriyah	302 : Student Perspectives On Indigenous Health Curriculum – A Pilot In Physiotherapy At Monash University. Alison Francis-Cracknell, Karen Adams	24 : Cultural Competency For The Classroom And Practice Kyle Wilby	212 : Contemplative Practice For Health Practitioners: A Return To The Academy Craig Dalton
09:35		237 : Attitude Of Simulated Patient Toward Rating Scale Checklists In Osce, Role Of Patients As Experts Kalyanee Asanasak			
09:40					
09:45			383 : Clinical Year Students: Are They More Stressed Than Non Clinical Year Students? Abdus Salam	24 : Cultural Competency For The Classroom And Practice Kyle Wilby	212 : Contemplative Practice For Health Practitioners: A Return To The Academy Craig Dalton
10:00			143 : Evaluation Of The Personal Qualities Assessment (Pqa) As A Predictor Of Performance For Medical Students At The International Medical University. Vishna Devi V Nadarajah		
10:15			393 : Does The Presence Of A Mental Health Consumer On An Oral Examining Panel Enhance Student Engagement In Learning? Elisa Yule		
10:30	Morning Tea Break				
11:00	Experiential Learning Oral Presentations Chair: John Hamilton	Evidence and Theory / Professional Development Poster Presentations Chair: Ian Symonds	Competency-Based Education / Professional Development Oral Presentations Chair: Erica Cameron-Taylor	Simulation 45 Minute Workshops Chair: Amanda Wilson	Experiential Learning 90 Minute Workshop
11:00	400 : The Personal Costs Of Continuity Of Care Experiences For Midwifery Students Linda Sweet	266 : Sketching Activity As Teaching And Learning Strategy Yanwirasti Yanwirasti	39 : Improving The Quality Of Junior Doctor Training Experiences In Psychiatry: A Narrative Review Anthony Llewellyn	221 : "How To Design And Implement An Effective Human Patient Simulated Education Program" Libby Bancroft, Heather Dewatteville-Doe	171 : Bedside Teaching: An Old But Valued Way To Learn Clinical Skills Judith Hudson, Kim Davidson
11:05		349 : Factors Contributing To Stress On Problem Based Learning Students Nur Afrainin Syah			
11:10		344 : The Use Of Video As An Effective Learning Tool In Anatomy Gusti Revilla			
11:15	97 : Integrating Training In Clinical Medicine, Leadership And Management To Produce Expert Generalist Clinicians To Lead 21st Century Health Care. Chris Kewley, Kichu Nair, Ross Kerridge, Cathie Hull	271 : Medical Students' Perceptions On Cadaver Dissection Siti Nurhajjah	25 : Cumulative Osce In Qatar: A Pilot Project For The Middle East Kyle Wilby	221 : "How To Design And Implement An Effective Human Patient Simulated Education Program" Libby Bancroft, Heather Dewatteville-Doe	171 : Bedside Teaching: An Old But Valued Way To Learn Clinical Skills Judith Hudson, Kim Davidson
11:20		389 : Student Selection Method And Academic Achievement Nila Kusuma			
11:25		307 : Assessment Drives Learning: Alport Foundation Of Australia Contributes To Exit Exam For Ophthalmic Apprenticeship Training Deb Colville			
11:30	188 : A Framework To Enhance Experiential Learning In Multimorbidity Management In General Practice (Gp) Training Christopher Starling	422 : Holistic – Adaptive Care Model A Conceptual Frame Work For Nursing Practice In Indonesia Yanti Hermayanti	79 : Exploring The Perceptions Of Australian And Us Medical Students And Their Teachers About Clinical Professional Attire Clinton Colaco	29 : A Patient Centred Approach To Sexual Health, Using Hybrid Simulation As A Learning Modality Dianne Ritson, Donna Mak	171 : Bedside Teaching: An Old But Valued Way To Learn Clinical Skills Judith Hudson, Kim Davidson
11:35		31 : The Challenges And Implementation Of Problem Based Learning: An Experience Of An Indonesian University Masrul Muchtar, Hardisman Dasman			
11:40		248 : Team-Based Learning Training Workshop At Ukm Medical Centre: Faculties' Perspectives Abdus Salam			
11:45	64 : Practice And Assessment Of Experiential Learning In Health Professions Training Vishna Devi V Nadarajah, Stefan Kutzsche	141 : A Short Intensive Course For Doctors Planning To Conduct Ward Teaching Rounds In A Foreign Language Sima Sarvari, Patrick Y. Tan	142 : Perception Of Second Year Pharmacy Undergraduate Students On The Educational Values Of Reflective Portfolio Hui Meng Er	29 : A Patient Centred Approach To Sexual Health, Using Hybrid Simulation As A Learning Modality Dianne Ritson, Donna Mak	171 : Bedside Teaching: An Old But Valued Way To Learn Clinical Skills Judith Hudson, Kim Davidson
11:50					
12:00					
12:15					
12:30	Lunch Break				
13:30	AMEA Closing Plenary Chair: Brian Kelly				
13:30	Bring your own device: How can technology help Medical Education? From "Flipped" classrooms to "Just in Time" point-of-care Electronic Medical Records Prof Dawn DeWitt <i>Proudly sponsored by Flinders University</i>				
14:15	Programmatic Assessment For Learning Prof Lambert Schuwirth <i>Proudly sponsored by Hunter New England Local Health District</i>				
15:00	AMEA Conference Closing Ceremony				
15:30	Afternoon Tea Break				



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SKETCHING ACTIVITY AS TEACHING AND LEARNING STRATEGY

Yanwirasti Y, Syah NA, Nurhajjah S

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Introduction

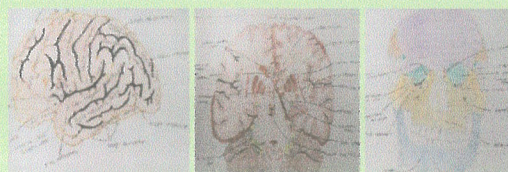
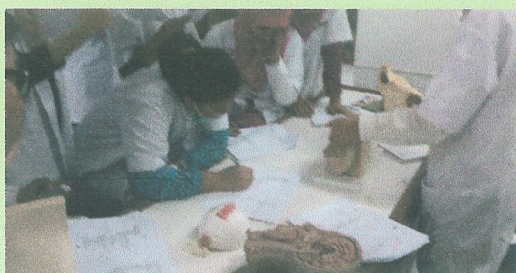
- ❑ Students' low knowledge retention on human anatomy structures is a common problem in Indonesian medical schools.
- ❑ We hypothesize that sketching activities during practicum could increase students' knowledge retention on human Anatomy structures they were observing.

Aims

This study aims to find out the impact of sketching as practicum teaching and learning strategy in Anatomy on student knowledge retention.

Methods

- ❑ First year medical students of Andalas University (250 students) were divided into two groups: treatment and control group.
- ❑ Both groups learnt central nervous system (brain and medulla spinalis) in Anatomy laboratory using cadaver, pro-section materials, and models.
- ❑ The practicum was conducted in the same way for both groups, except for sketching activity.
- ❑ The sketching activity was only done by the treatment group.
- ❑ After practicum session, student knowledge on the Anatomy structure of central nervous system were assessed.
- ❑ 48 students attended the examination (17 from control group and 31 from treatment group).



Results

- ❑ The examination scores of the control group were range between 15 and 60 (max 100); 11.8% of them got above 50, and average scores 32.9.
- ❑ The examination scores of the treatment group were slightly better than the control group, range between 10 and 65, 29% got above 50, and average scores 37.25.
- ❑ However, the differences in test scores between the control and treatment groups were not statistically different ($p=0.358$).

Conclusion and Implication

- ❑ This study shows that sketching activities as teaching and learning strategy in Anatomy practicum has not proven statistically could increase students' knowledge retention.
- ❑ Nevertheless, the sketching activities has a potential to increase the retention indicated by the examination scores got by the treatment group which were slightly better than the control one.
- ❑ Improving the structure and implementation strategies of sketching activity may yield a higher impact on students' learning.

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SKETCHING ACTIVITY AS TEACHING AND LEARNING STRATEGY

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Abstract

Students' low knowledge retention on human anatomy structures is a common problem in Indonesian medical schools. We hypothesize that sketching activities during practicum could increase students' knowledge retention on human Anatomy structures they were observing. This study aims to find out the impact of sketching as practicum teaching and learning strategy in Anatomy on student knowledge retention. First year medical students of Andalas University (250 students) were divided into two groups: treatment and control group. Both groups learnt central nervous system (brain and medulla spinalis) in Anatomy laboratory using cadaver, pro-section materials, and models. The practicum was conducted in the same way for both groups, except for sketching activity. The sketching activity was only done by the treatment group. After practicum session, student knowledge on the Anatomy structure of central nervous system were assessed. 48 students attended the examination (17 from control group and 31 from treatment group). The examination scores of the control group were range between 15 and 60 (max 100); 11.8% of them got above 50, and average scores 32.9. The examination scores of the treatment group were slightly better than the control group, range between 10 and 65, 29% got above 50, and average scores 37.25. However, the differences in test scores between the control and treatment groups were not statistically different ($p=0.358$). This study shows that sketching activities as teaching and learning strategy in Anatomy practicum has not proven statistically could increase students' knowledge retention. Nevertheless, the sketching activities has a potential to increase the retention indicated by the examination scores got by the treatment group which were slightly better than the control one. Improving the structure and implementation strategies of sketching activity may yield a higher impact on students' learning.

Keywords: *Anatomy, teaching strategy, learning strategy, sketching activity, medical education*

Introduction

Knowledge on human anatomy is an essential component of physician competences. Hence, teaching and learning anatomy is an important part of medical curricula. Unfortunately, students' low knowledge retention on human anatomy structures is a common problem in Indonesian medical schools. This resulted in a skeptical view of the lecturers on the implementation of PBL, because the amount of hours allocated for anatomy was much reduced in PBL era.

Some learning and teaching approaches, such as, lectures, small group learning and practical classes, computer multimedia, seminars, and videos have been described to enhance students' knowledge of anatomy.^{1,2,3} In order to stimulate students' positive attitudes toward anatomy learning, the efforts have been made over recent years to promote the introduction of new techniques.^{4,5,6} It is argued that interactive teaching learning techniques are successful innovative teaching techniques to improve anatomy courses. For example, learning packages within the lecture format, role-playing, competition and games, stimulus materials, brain-storming⁷, storytelling⁸, computer-based learning⁹, and team-based learning¹⁰. Because the study of anatomy concerned observation and drawings, we hypothesize that sketching activities during practicum could increase students' knowledge retention on human Anatomy structures they were observing. This study aims to find out the impact of sketching as practicum teaching and learning strategy in anatomy on student knowledge retention.

Methodology

First year medical students of Andalas University (250 students) were divided into two groups: treatment and control group. Both groups learnt central nervous system (brain and medulla spinalis) in Anatomy laboratory using cadaver, pro-section materials, and models. The practicum was conducted in the same way for both groups, except for sketching activity.

Practicum sessions were started with an orientation to practicums' topics, objectives, activities, and materials by a lecturer. After that students studied the topics and materials in a group of 10 to 11 students. While studying the topics by exploring and observing the

practicum materials, the treatment groups were asked to sketch objects they were observing. They also were required to name every important parts of the practicum objects on their drawing. After laboratory session, those students should improve their pictures by referring to an anatomy atlas. The sketching activity was only done by the treatment group. After practicum session, student knowledge on the Anatomy structure of central nervous system in both groups were assessed. Fortyeight students attended the examination (17 from control group and 31 from treatment group).

Results

The examination scores of the control group were range between 15 and 60 (max 100); 11.8% of them got above 50, and average scores 32.9. The examination scores of the treatment group were slightly better than the control group, range between 10 and 65, 29% got above 50, and average scores 37.25. However, the differences in test scores between the control and treatment groups were not statistically different ($p=0.358$).

Discussion

The result of this study revealed that the average examination scores of students who sketch anatomy objects they were observing during practicum, was slightly higher than students who did not undertake sketching activities. However, the score difference was not significant statistically. Eventhough the average score was better, some students who did sketching got lower score compared to their counterpart. The lowest score for sketching group was 10. On the other hand, the lowest score for non sketching group was 15. Thus, our study could not prove that sketching activities taken by students during anatomy laboratory session enhances students' learning of anatomy. Nevertheless, many studies reported in literature shows the effectiveness of sketching as a mean to improve students' anatomy learning.^{11,12} Noorafshan et al.¹² argue that simultaneous anatomical sketching encourages students to actively involve in the learning process, lead to enjoyment for both students and teachers. The students apply this creative techniques in other learning setting in following academic years. This proves that this sketching activity is helpful and enjoyable for them. However, authors suggested that a structured learning plan is needed for an effective result.

Conclusion

This study shows that sketching activities as teaching and learning strategy in Anatomy practicum has not proven statistically could increase students' knowledge retention. Nevertheless, the sketching activities has a potential to increase the retention indicated by the examination scores got by the treatment group which were slightly better than the control one. Improving the structure and implementation strategies of sketching activity may yield a higher impact on students' learning.

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Abstract

Students' low knowledge retention is a common problem in Indonesian medical schools. We hypothesize that sketching anatomy is an effective learning strategy to improve knowledge retention. The impact of sketching as practice teaching and learning strategy to learn an evident knowledge retention. First year medical students of Andalas University (ANU) students were divided into two groups: treatment and control group. Both groups began to learn anatomy through lecture and verbally described by Anatomy laboratory using cadaver, projection materials, and models. The sketching was conducted in the same way for both groups except for teaching strategy. The sketching strategy was only done by the treatment group. After 24 hours, a quiz was conducted to assess the knowledge retention of anatomy. The quiz was conducted in the same way for both groups. The quiz results showed that the treatment group had a significantly higher score than the control group. The average score of the treatment group was 37.25 (range 25-50) and the average score of the control group was 27.25 (range 15-50). The difference in quiz scores between the treatment and control groups was statistically significant ($p < 0.05$). These results suggest that sketching anatomy is an effective learning strategy to improve knowledge retention. The sketching strategy can be applied to increase the retention of anatomy knowledge in medical education. The treatment group which were already better than the control group, indicating the sketching strategy is a learning strategy of anatomy knowledge.

Keywords: anatomy, learning strategy, learning strategy, medical education